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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application)
No. 09/929,179)
)
)
Holtzman et al.)
)
Examiner: Kevin C. Harper)
)
Filed: August 14, 2001) Group No. 2666

For: METHOD AND APPARATUS
FOR SCHEDULING PACKET
DATA TRANSMISSION IN A
WIRELESS COMMUNICATION
SYSTEM

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MAR 11 2004

RESPONSE TO OFFICE ACTION

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated December 5, 2003, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao
(type or print name)

Date: 3/3/2004

Signature:

FACSIMILE

- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

Attorney Docket No.:010477

Customer No.: 23696

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03/10/2004 EAREGAY1 00000115 170026 09929179

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MAR 08 2004
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Customer No.: 23696
Attorney Docket No.: 010477
In Re Application of: Holtzman et al.
Serial Number: 09/929,179
Filed: August 14, 2001
Examiner: Kevin C. Harper
Group Art Unit: 2666

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application. In addition, the following documents are enclosed:

1. A Petition for Extension of Time: () month(s) is hereby requested.
2. Information Disclosure Statement (IDS):
 - a. PTO-1449
 - b. Copies of IDS Citations (number of citations:)
3. Change of Attorney's Address in Application.
4. Other:

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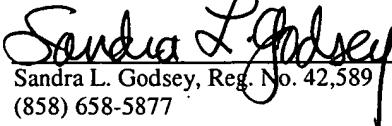
MAR 11 2004

Technology Center 2600

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid			
Total*	17	20	0	x \$18 =	\$0			
Independent**	7	3	4	x \$86 =	\$344.00			
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$290	\$0			
EXTENSION FEES	<input type="checkbox"/> One Month			\$110	\$0			
	<input type="checkbox"/> Two Months			\$420	\$0			
	<input type="checkbox"/> Three Months			\$950	\$0			
INFORMATION DISCLOSURE STATEMENT	<input type="checkbox"/> After First Office Action			\$180	\$0			
	<input type="checkbox"/> After Final Office Action			\$130	\$0			
TERMINAL DISCLAIMER				\$110	\$0			
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$344.00			

5. Fee check in the amount of \$____ is enclosed to pay for any claim and/or extension fees.
6. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$344.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/3/2004

Signature: 
Sandra L. Godsey, Reg. No. 42,589
(858) 658-5877

QUALCOMM Incorporated
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